## OMITTED SIGNATURE AFFIDAVIT FOR VOTE-BY-MAIL BALLOT

(The affidavit is for use by a voter who returns a vote-by-mail ballot without signing the Voter's Certificate)

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I.	INSTRU	CTIONS	- READ CAREFULLY TO HAVE YOUR VOTE-BY-MAIL BALLOT COUNTED:		
			this form to the Miami-Dade Elections Department <u>no later than 5 p.m. on the day before the</u> lowing as a checklist - you must:		
	□ Com	plete the af	ffidavit and sign your name on the line above (Voter's Signature) on the affidavit below.		
	☐ Inclu	Include a copy of <u>one</u> of the following forms of identification (ID):			
	a.	a. <i>ID that includes your name and photograph</i> : United States passport, debit or credit card, or military, stude retirement center, neighborhood association, or public assistance ID, Veteran health identification card issued by the United States Department of Veterans Affairs, A license to carry a concealed weapon or firearm issued pursuant to s. 790.06; Employee identification card issued by any branch, department, agency, o entity of the Federal Government, the state, a county, or a municipality.			
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b. ID that shows your name and current residence address: current utility bill, band government check, paycheck, or government document (excluding voter ID card			hows your name and current residence address: current utility bill, bank statement, nent check, paycheck, or government document (excluding voter ID card).		
	Provide the completed affidavit <u>and</u> the copy of your ID to the Miami-Dade Elections Department by <u>one</u> of the following means:				
		Mail To:	Miami-Dade Elections Department Vote-by-Mail Section PO Box 521250 Miami, FL 33152-9809 Be sure there is sufficient postage		
		Email:	votebymail@miamidade.gov Provide documents as attachments OR Fax: 305-499-8401 Provide documents as attachments		
		Contact in	formation for each Supervisor of Elections can be found on this webpage: <a href="http://election.dos.state.fl.us/SOE/supervisor_elections.asp">http://election.dos.state.fl.us/SOE/supervisor_elections.asp</a>		
II	•		AFFIDAVIT		
Ι,			, am a qualified voter in this election and		
		(Print	voter's name)		
I rele	equested a ection. I unter the	nd returned nderstand th an once in a	County, Florida. I do solemnly swear or affirm that (Print name of county)  the vote-by-mail ballot and that I have not and will not vote more than one ballot in this nat if I commit or attempt any fraud in connection with voting, vote a fraudulent ballot, or an election, I may be convicted of a felony of the third degree and fined up to \$5,000 and years. I understand that my failure to sign this affidavit means that my vote-by-mail ballot		
wi	ll be invali	idated.			
( <del>V</del> -	ter's Signatur	•••	FVRS#		
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